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PATENT

jc87 U.S. PRO  
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Barcode

Express Mail No. EV054675227US  
Practitioner's Docket No. 1021-010

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Box Patent Application  
Commissioner for Patents  
Washington, D.C. 20231

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Arthur Howard Goldiner

For (title): HAND EXERCISE DEVICE

**CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) AND 1.10\***

*(When using Express Mail, the Express Mail label number is mandatory;  
Express Mail certification is optional.)*

I hereby certify that, on the date shown below, this correspondence is being:

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deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

**37 C.F.R. Section 1.8(a)**

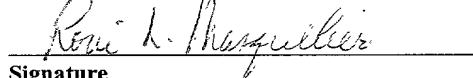
**37 C.F.R. Section 1.10\***

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**TRANSMISSION**

transmitted by facsimile to the Patent and Trademark Office (703)

Date: 01-15-02

  
Signature

Roni L. Masquellez

(type or print name of person certifying)

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"Since the filing of correspondence under [Section] 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

**1. Type of Application**

This transmittal is for an original (nonprovisional) application.

**2. Papers Enclosed**

**A.** Required for filing date under 37 C.F.R. 1.53(b) (Regular) or 37 C.F.R. 1.153 (Design) Application

8 Page(s) of Specification

4 Page(s) of Claims

5 Sheet(s) of Drawing(s)--Informal

**B. Other Papers Enclosed**

3 Page(s) of declaration and power of attorney

1 Page(s) of abstract

**3. Declaration or Oath**

Enclosed

Unexecuted by:

\* inventor.

**4. Inventorship Statement**

The inventorship for all the claims in this application is the same.

**5. Language**

English

**6. Fee Calculation (37 C.F.R. Section 1.16)**

### Regular Application

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**CLAIMS AS FILED**

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Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 CFR 1.16(a) \$710.00
<hr/>					
Total Claims (37 CFR 1.16(c))	21	- 20 =	1 x	\$9.00	\$9.00
<hr/>					
Independent Claims (37 CFR 1.16(b))	6	- 3 =	3 x	\$42.00	\$126.00
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Multiple Dependent Claim(s), if any (37 CFR 1.16(d))			+	\$270.00	\$0.00
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Filing Fee Calculation					\$135.00

**7. Fee Payment Being Made at This Time**

Enclosed

**Filing Fee**

\$370.00

**Total Fees Enclosed**

\$505.00

## **8. Method of Payment of Fees**

Check in the amount of \$505.00 Method of Payment Check is attached.

**9. Authorization to Charge Additional Fees**

The Commissioner is hereby authorized to charge the following additional fees by this paper and during the entire pendency of this application to Account No. 50-1097.

**10. Instructions as to Overpayment**

Credit Account No. 50-1097.

Date:

1/15/02



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